

I hereby notify the Department of Environmental Quality Asbestos Control Program of an emergency renovation that falls under the guidelines of 40 CFR 61.145(a)(4)(iv):

ALL FIELDS ARE REQUIRED		
Phone Number:		
Site City:		
Hour emergency occurred:	\square_{AM}	□ _{PM}
ed event:		
nsafe condition, or would cause equipment	t damage or an u	nreasonable financial
	Phone Number: Site City: Hour emergency occurred: ed event:	Phone Number: Site City: Hour emergency occurred: □AM

corresponding fees (\$300 plus AUMs) must be submitted within five working days after the initial notice.

I understand that pursuant to ARM 17.74.358, a completed application for an asbestos project permit, including all

PRINT

Print a copy of this notification before submitting it to DEQ.

SUBMIT BY EMAIL

Department of Environmental Quality
Waste and Underground Tank Management Bureau Asbestos Control Program 1520 E. Sixth Avenue
P.O. Box 200901
Helena, MT 59620-0901

Office Phone: 406-444-5300 / Fax: 406-444-1374 Thank you! Your information will be processed as soon as possible.

DEQ USE ONLY

Date Received Amount Received Check Number
Receipt Number Date Approved
ORG 574836 ACCT 502703 Fund 02202